

Product-Plan Data Collection

Company Legal Name: Aetna Health Inc. (a PA corp.)
 HIOS Issuer ID: 67190
 Effective Date of Rate Change(s): 1/1/2023

State: DE
 Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information		
1.1	Product Name		HNOption
1.2	Product ID		67190DE0004
1.3	Plan Name		HNOption 7000
1.4	Plan ID (Standard Component ID)		67190DE0040061
1.5	Metal		Silver
1.6	AV Metal Value		0.697
1.7	Plan Category		Renewing
1.8	Plan Type		POS
1.9	Exchange Plan?		No
1.10	Effective Date of Proposed Rates		1/1/2023
1.11	Cumulative Rate Change % (over 12 mos prior)		7.62%
1.12	Product Rate Increase %		7.62%
1.13	Submission Level Rate Increase %		7.62%

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information		
	2.1 Plan ID (Standard Component ID)	Total	67190DE0040061
\$903,916	2.2 Allowed Claims	\$903,916	\$903,916
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$152,647	\$152,647
	2.5 Cost Sharing Reduction	\$0	\$0
\$751,269	2.6 Incurred Claims	\$751,269	\$751,269
-\$139,089	2.7 Risk Adjustment Transfer Amount	-\$139,089	-\$139,089
\$962,896	2.8 Premium	\$962,896	\$962,896
1,502	2.9 Experience Period Member Months	1,502	1,502
	2.10 Current Enrollment	203	203
	2.11 Current Premium PMPM	\$681.73	\$681.73
	2.12 Loss Ratio	91.19%	91.19%
	Per Member Per Month		
	2.13 Allowed Claims	\$601.81	\$601.81
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$101.63	\$101.63
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$500.18	\$500.18
	2.18 Risk Adjustment Transfer Amount	-\$92.60	-\$92.60
	2.19 Premium	\$641.08	\$641.08

Section III: Plan Adjustment Factors		
3.1 Plan ID (Standard Component ID)		67190DE0040061
3.2 Market Adjusted Index Rate		\$1,230.86
3.3 AV and Cost Sharing Design of Plan		0.4745
3.4 Provider Network Adjustment		1.0000
3.5 Benefits in Addition to EHB		1.0000
Administrative Costs		
3.6 Administrative Expense		9.47%
3.7 Taxes and Fees		5.05%
3.8 Profit & Risk Load		4.69%
3.9 Catastrophic Adjustment		1.0000
3.10 Plan Adjusted Index Rate		\$722.92
3.11 Age Calibration Factor	0.6486	0.6486
3.12 Geographic Calibration Factor	1.0000	1.0000
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$468.88

Section IV: Projected Plan Level Information		
4.1 Plan ID (Standard Component ID)	Total	67190DE0040061
4.2 Allowed Claims	\$1,268,237	\$1,268,237
4.3 Reinsurance	\$0	\$0
4.4 Member Cost Sharing	\$666,454	\$666,454
4.5 Cost Sharing Reduction	\$0	\$0
4.6 Incurred Claims	\$601,783	\$601,783
4.7 Risk Adjustment Transfer Amount	-\$109,606	-\$109,606
4.8 Premium	\$880,461	\$880,461
4.9 Projected Member Months	1,218	1,218
4.10 Loss Ratio	78.07%	78.07%
Per Member Per Month		
4.11 Allowed Claims	\$1,041.25	\$1,041.25
4.12 Reinsurance	\$0.00	\$0.00
4.13 Member Cost Sharing	\$547.17	\$547.17
4.14 Cost Sharing Reduction	\$0.00	\$0.00
4.15 Incurred Claims	\$494.08	\$494.08
4.16 Risk Adjustment Transfer Amount	-\$89.99	-\$89.99
4.17 Premium	\$722.87	\$722.87